

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038329

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10140

STATE FILE NUMBER

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN - <u>Barry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>745 Williams</u>	
3. NAME OF DECEASED (Type or print) First <u>Lois</u> Middle <u>Ann</u> Last <u>Brace</u>			4. DATE OF DEATH Month <u>10-</u> Day <u>30--</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1;5;61</u>	9. AGE (last birthday) Months <u>9mo</u> Days _____ Hours _____ Min. _____	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Quincy, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Edward Brace</u>			13b. MOTHER'S MAIDEN NAME <u>Edith McGee</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jane Henrichsen</u> Address <u>500 S. Kingshighway St. Louis, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest - Respiratory Arrest</u> DUE TO (b) <u>Meningo Encephalitis</u> DUE TO (c) <u>? Viral etiology</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>340.3</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>340.3</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>10-25-61</u> to <u>10-30-61</u> and last saw her/him alive on <u>10-30-61</u> Death occurred at <u>5:15pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (Degree or title) <u>Malcolm Barber M.D.</u>			22b. ADDRESS <u>500 So Kingshighway St. Louis Missouri</u>		22c. DATE SIGNED <u>10-30-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barry, Illinois</u>	(State)
24. FUNERAL DIRECTOR <u>FRED HUFNAGEL</u>		ADDRESS <u>Barry Illinois</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 30 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lois Smith M.D.</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James J. Grandow

Licensed Embalmer No. 7586 Ill.

P. O. Address Altam Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.